

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117**

Form CP-4
March 2009
**Type or Print on this Form
Form must be Signed
All blanks must be Filled**

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

RECEIVED

MAY 02 2019

Invoice

Quality Well Service, Inc.

PO Box 468
Pratt, KS 67124

Date	Invoice #
4/30/2019	C-2015

Bill To
Lotus Operating Co. LLC 100 S. Main, STE. 420 Wichita, KS 67202

P.O. No.	Terms	Lease Name
		Kersten #1

Description	Qty	Rate	Amount
Common	100	15.50	1,550.00T
Poz	60	9.50	570.00T
Gel	15	22.00	330.00T
Calcium	2	60.00	120.00T
Plug	1	950.00	950.00T
Handling	177	2.10	371.70T
.08 * sacks * miles	8,850	0.08	708.00T
Service Supervisor	1	150.00	150.00T
LMV	40	3.75	150.00T
Heavy Equipment Mileage	80	8.00	640.00T
Customer Discount		-1,661.91	-1,661.91
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Kersten #1 Barber Co.			

Thank You for your business!	Subtotal	\$3,877.79
	Sales Tax (7.5%)	\$290.83
	Total	\$4,168.62

RECEIVED

MAY 02 2019

Invoice

Quality Wireline Service LLC

PO Box 468
Pratt, KS 67124

Date	Invoice #
4/30/2019	639

Bill To
Lotus Operating Co. LLC 100 S. Main, STE. 420 Wichita, KS 67202

P.O. No.	Terms	Lease Name
		Kersten #1

Description	Qty	Rate	Amount
5 1/2" Bridge Plug	1	900.00	900.00T
Setting Charge	1	1,500.00	1,500.00T
Dump Bailer Cement Run	1	1,000.00	1,000.00T
Truck Charge	1	1,500.00	1,500.00T
Customer Discount		-3,050.00	-3,050.00
Discount expires after 30 days from the date of the invoice.		0.00	0.00
Kersten #1 Barber Co.			

Thank you for your business.	Subtotal	\$1,850.00
	Sales Tax (7.5%)	\$138.75
	Total	\$1,988.75

Quality Wireline Services, LLC

Service Order No.
0547

30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 620-388-2309 or 620-727-6964 • Fax 620-672-3663

Date

Company <i>Lotus Operating Company</i>			Client Order #	
Billing Address		City	State	Zip
Lease & Well # <i>Keystone #1</i>		Field Name		Legal Description (coordinates)
County	State <i>Kansas</i>	Casing Size		Casing Weight
Fluid Level (surface)	Reading From	Customer T.D.		Quality Wire Line T.D.
Engineer	Operator <i>S. Coleman</i>	Operator		Unit# <i>01</i>

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<i>5/8 CBP</i>					<i>900.00</i>
	<i>Service Charge @ 4716</i>			<i>0</i>	<i>4716</i>	<i>1500.00</i>
	<i>5/8 Central Dump Basket @ 4716</i>			<i>0</i>	<i>4716</i>	<i>1000.00</i>
	<i>Service Charge</i>					<i>1500.00</i>

SUBTOTAL	<i>3,900.00</i>
DISCOUNT	<i>3,050.00</i>
SUBTOTAL	<i>1,850.00</i>
TAX	<i>138.75</i>
NET TOTAL	<i>1,988.75</i>

Customer

QUALITY WELL SERVICE, INC.

7116

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	4-23-19	Sec.	2	Twp.	35	Range	11	County	Barber	State	Ks	On Location	Finish
Lease	Keiston	Well No.	1		Location								
Contractor	Quality Well Service							Owner					
Type Job	PTA							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Hole Size	T.D.							Charge To					
Csg.	5.5							Lctus					
Tbg. Size	Depth							Street					
Tool	Depth							City State					
Cement Left in Csg.	Shoe Joint							The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line	Displace							Cement Amount Ordered 160 5/8 60/40 42 60/40					
EQUIPMENT													
Pumptrk	8	No.			Common 100								
Bulktrk	11	No.			Poz. Mix 60								
Bulktrk		No.			Gel. 15								
Pickup		No.			Calcium 2								
JOB SERVICES & REMARKS													
Rat Hole								Hulls					
Mouse Hole								Salt					
Centralizers								Flowseal					
Baskets								Kol-Seal					
D/V or Port Collar								Mud CLR 48					
1 st Pumped 65x 60/40							CFL-117 or CD110 CAF 38						
60/40 42 60/40 @ 620'							Sand						
							Handling 177						
							Mileage 40						
FLOAT EQUIPMENT													
2 nd Pumped 65x 60/40							Guide Shoe						
42 60/40 @ 310'							Centralizer						
							Baskets						
3 rd Pumped 45x 60/40							AFU Inserts						
42 60/40 @ 40' to surface							Float Shoe						
							Latch Down						
Had total of 72jts							LIV 40						
csg left csg head and							Service supervisor						
surcharge on pipe							Pumptrk Charge PTA						
							Mileage 80						
Tax													
Discount													
Total Charge													
X Signature													